PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

22850

7590

11/24/2009

CUSTOMER NUMBER 22850

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

Phereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's name) (Signature) (Date)

FIRST NAMED INVENTOR ATTORNEY DOCKET NO CONFIRMATION NO APPLICATION NO. FILING DATE 268583US2PCT 4770 Yuki Okada 10/529,200 12/09/2005

TITLE OF INVENTION: PARTS COUNTING DEVICE, PARTS COUNTING PROGRAM, AND PARTS COUNTING METHOD OF 3-DIMENSIONAL ARRANGEMENT ADJUSTMENT CAD

APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0	\$1810	02/24/2010	
EXAMINER		ART UNIT	CLASS-SUBCLASS				
KE, PENG		2174	715-708000				
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.		era 2 McClella	2 McClelland, Maier	

ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED	ON THE PATENT (print or type)
PLEASE NOTE: Unless an assignee is identified below, no assigneerordation as set forth in 37 CFR 3.11. Completion of this form is	ignee data will appear on the patent. If an assignee is identified below, the document has been filed for is NOT a substitute for filing an assignment.
(A) NAME OF ASSIGNEE	(B) RESIDENCE: (CITY and STATE OR COUNTRY)
KABUSHIKI KAISHA TOSH	IIBA Tokyo, JAPAN
Please check the appropriate assignee category or categories (will not	t be printed on the patent): 🔲 Individual 웥 Corporation or other private group entity 🖵 Government
4a. The following fee(s) are submitted: Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies	 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Transmitted via EFS-Web. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 15-0030 (enclose an extra copy of this form).
5. Change in Entity Status (from status indicated above)	
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	
NOTE: The Issue Fee and Publication Fee (if required) will not be accinterest as shown by the records of the United States Patent and Trader	repted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in emark Office.
Authorized Signature Typed or printed name Typed Or printed name Authorized Signature Typed Or printed name	Date 2 19 (10 Pegistration No. 28,421

This collection of information is required by 3 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 C.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.